

Name
in
Full

George W. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

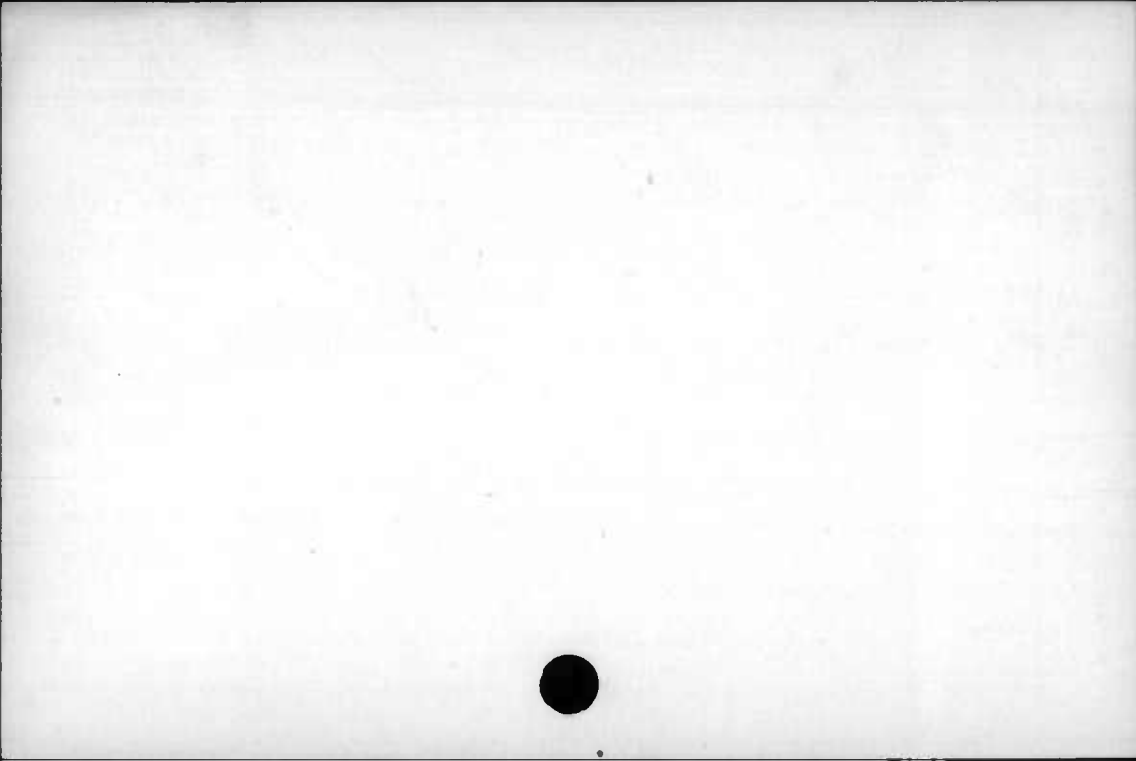
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1908	Month	Feb.	Day	8
Age		26		Months	—
Sex	Male		Color or Race	White	
Birth-place	Md.				
Occupation	Mill Hand.		Where Residing if not at place of death		
Married, Single or Widowed	Widower.		Name of Wife or Husband — Not obtainable		
Father's Name	Wm. Adams		Father's Birthplace Md.		
Mother's Maiden Name	Margaret Harrison		Mother's Birthplace Md.		
Name of person giving information	Edward Adams		How related to deceased Brother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>from history 3 or 4 months -</i>
Immediate	<i>Exhaustion</i>	How long	<i>not long -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. E. Wolff</i>	
		Address	
		<i>Cambridge, Md.</i>	
<div style="border: 1px solid black; width: 50px; height: 50px; display: inline-block; vertical-align: middle;"></div> Accident or Suicide?			



Name
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Full

Wm Henry Cooper

CERTIFICATE OF DEATH

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NEAREST FRIEND

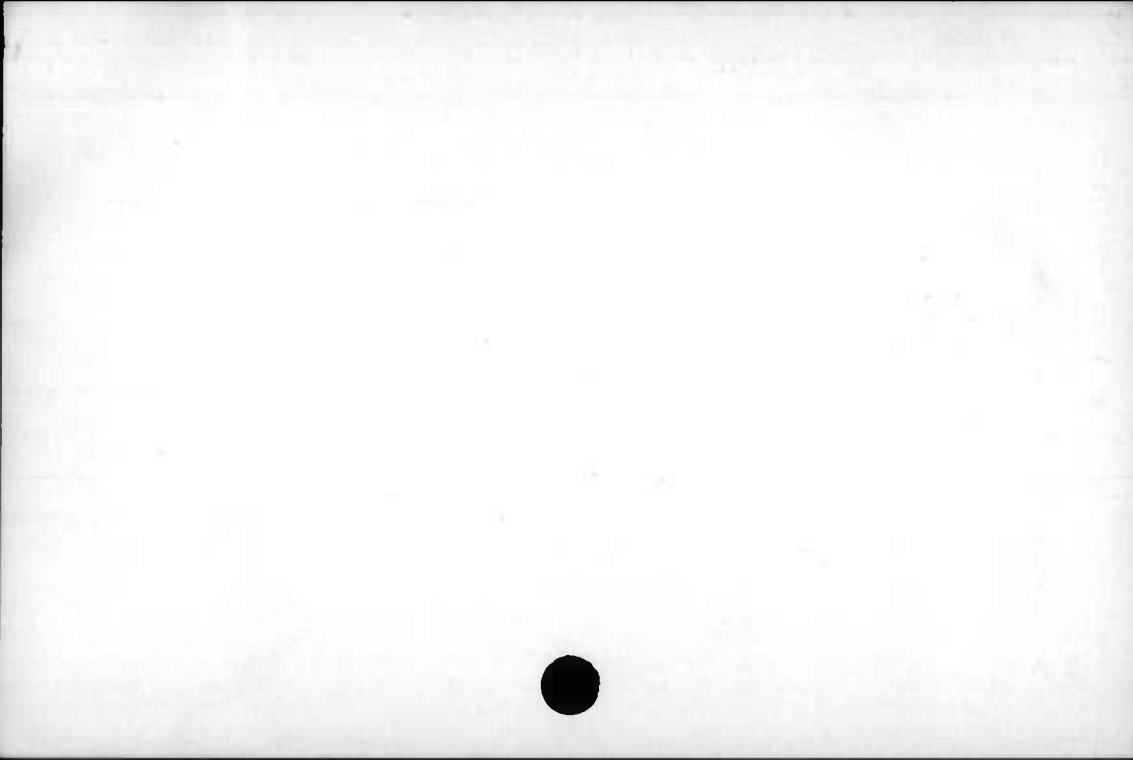
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month July	Day 18	Age 14	Years 6	Months 10
Sex Male		Color or Race Colored		Birth place Dorchester Co			
Occupation Porter				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm Henry Cooper		Father's Birthplace Dorchester Co					
Mother's Maiden Name Henrietta Holliday		Mother's Birthplace Dorchester Co					
Name of person giving Information Malinda Neward		How related to deceased Grand mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long 8 months
Immediate	Asiemia	How long Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address Cambridge, Md.
Accident or Suicide?		



Name
In
Full

Not named

Dorsey

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hoopersville

Dorchester

Date

Month

Day

Years

Months

of death

1908 Feb

14th

Age

0

0

5 hours

Sex

Female

Color or
Race

Colored

Birth-
place

Hoopersville

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameStatement of mother
(Wm. Dorsey) (illegitimate)Father's
Birthplace

Do not know

Mother's
Maiden Name

Mura Pritchett

Mother's
Birthplace

Hoopersville

Name of person giving
In formation

Mura Pritchett

How related
to deceased

mother

CAUSES OF DEATH

179

Primary

Cause or Causes of death unknown

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

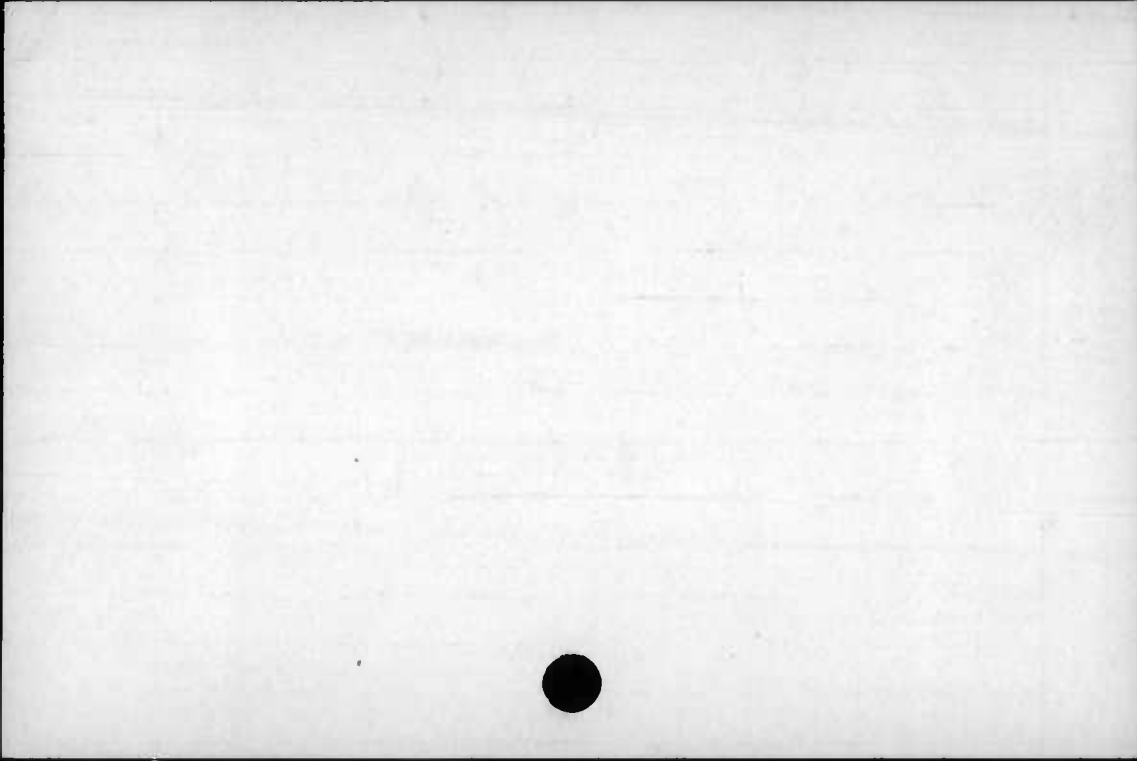
Address

Saurance P. Ashton, Jr.

Hoopersville, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

Annie Ero

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

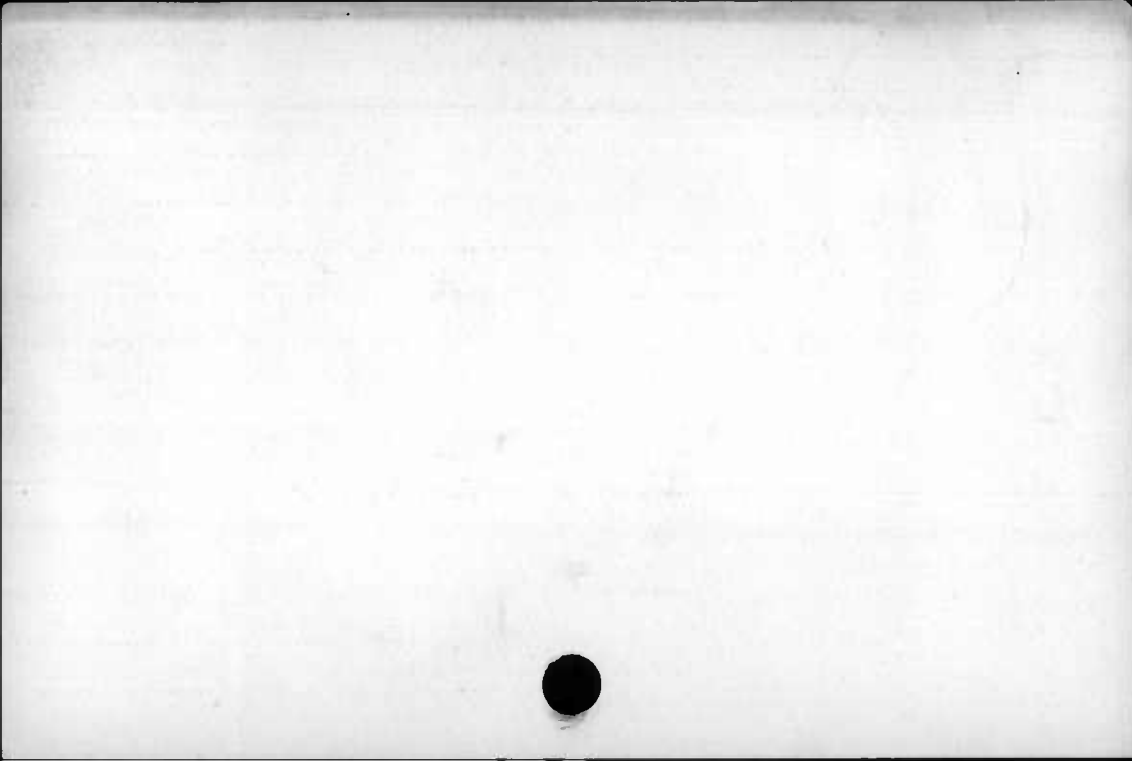
Died at		Town, Cambridge		County, Dorchester		MARYLAND	
Date of death	1908	Month, Feb.	Day, 15	Age, 56	Years	Months	Days
Sex, Female	Color or Race, White		Birth-place, Austria				
Occupation, Housewife	Where Residing if not at place of death, Cambridge						
Married, Single or Widowed, Married	Name of Wife or Husband, Frank Ero.						
Father's Name, Michael Bocla	Father's Birthplace, Austria						
Mother's Maiden Name, Mary Bocla	Mother's Birthplace, "						
Name of person giving information, Frank Ero	How related to deceased, Son						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary, Tuberculosis	How long, nine years
Immediate, Exacerbation	How long, seven days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician, Dr. Chas. M. Hamby
	Address, Cambridge
Accident or Suicide?	



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CERTIFICATE OF DEATH

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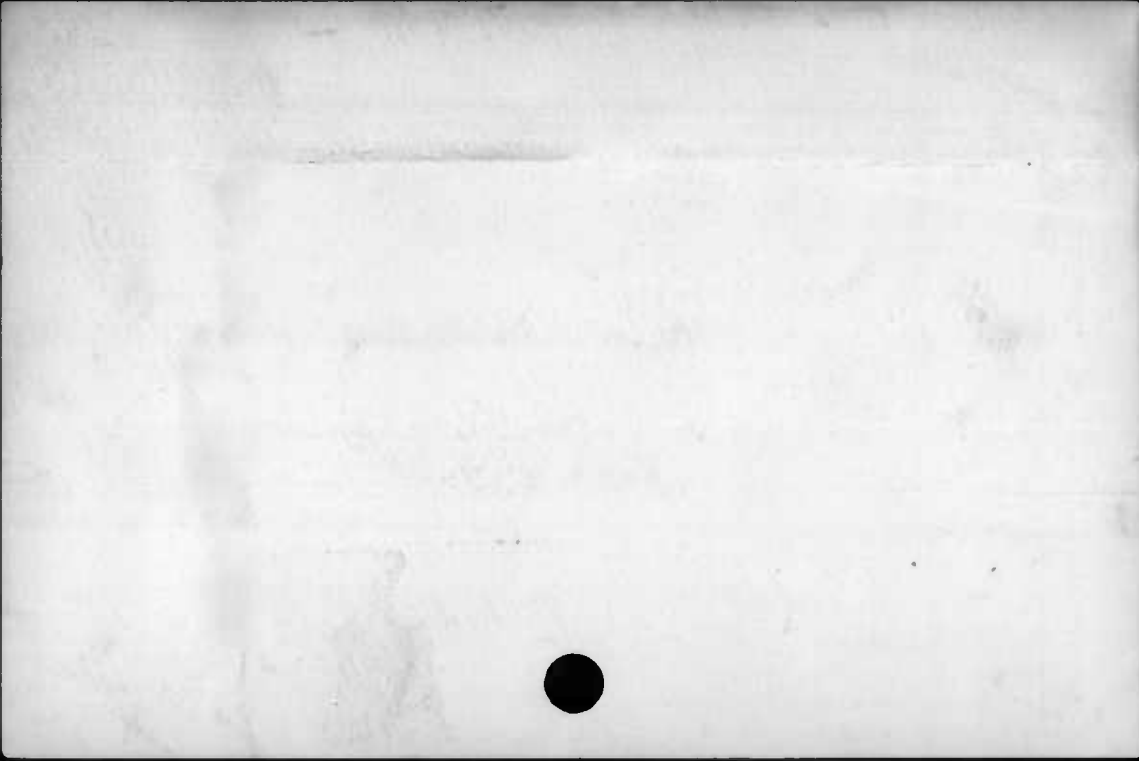
Name <i>Mary Emily Frazier</i>		Town <i>New Ellwood</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>New Ellwood</i>		Month <i>Feb</i>		Day <i>27</i>		Age <i>48</i>	
Date of death <i>1908</i>		Months <i>4</i>		Years <i>25</i>		Days <i>25</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>New Ellwood</i>					
Married, Single <i>Married</i>		Name of Wife or Husband <i>Jas M Frazier</i>					
Father's Name <i>Peter Holliday</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Marionie Kelly</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Jas M Frazier</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Probably Lobar Pneumonia</i>	How long	<i>9 7</i>
Immediate	<i>" Heart failure</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Dawson</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtrey</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>2</i>	Age Years		Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place			
Occupation <i>Sailor</i>				Where Residing if not at place of death <i>Salisbury</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>State Attorney Andrew</i>				How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

153

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

*Yes**None**Clement S. Williams
Justice of the Peace*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lakeville</u> ^{Town}		<u>Sorchester</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>Feb</u> ^{Day}	<u>20</u> ^{Years}	<u>2 weeks</u> ^{Months}	<u></u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Lakeville</u>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wile or Husband					
Father's Name <u>William J. Gore</u>			Father's Birthplace <u>Lakeville Md</u>		
Mother's Maiden Name <u>Mary Shorter</u>			Mother's Birthplace <u></u>		
Name of person giving information <u>William J. Gore</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

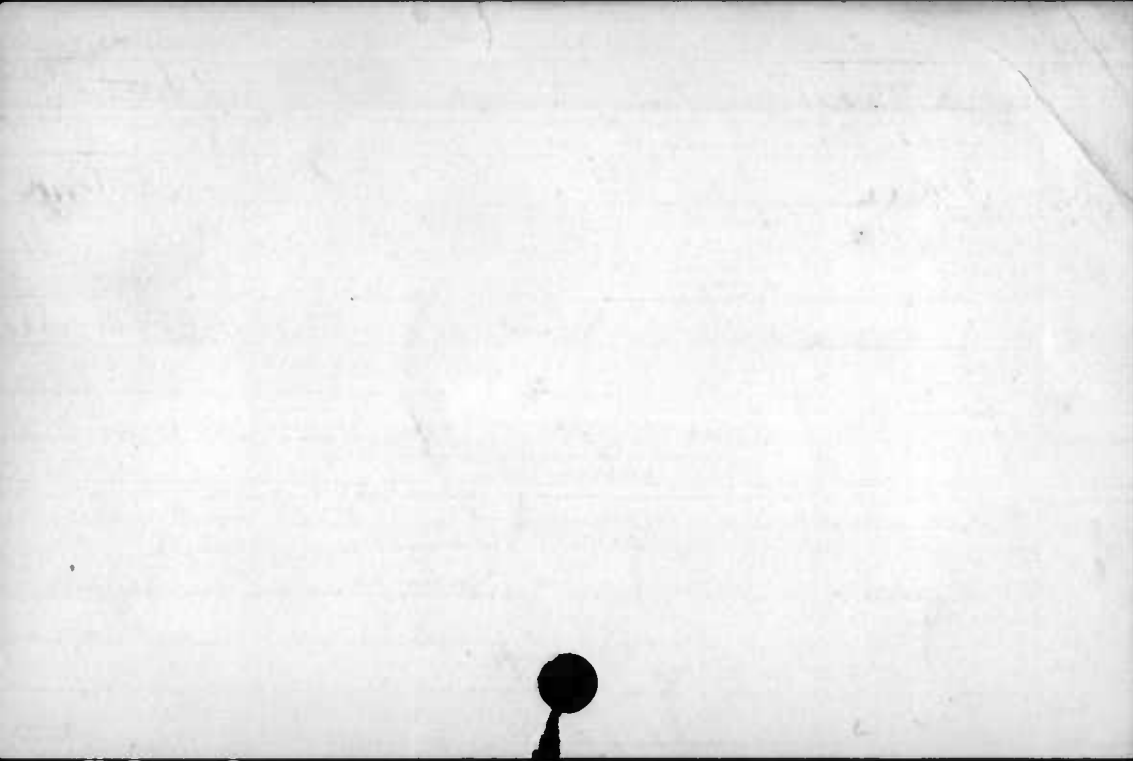
71

PHYSICIAN
OR CORONER

Primary	<u>Convulsions</u>	How long	<u>3 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Robinson J. P.</u>	
<u>No physician in attendance</u>		Address <u>Coddville Md</u>	
Accident or Suicide? <u>attendance</u>			



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Date of death		Age		MAY 1908	
		Month		Day		Years		Months	
		Sex		Color or Race		Birth-place		Hospitalland	
		Occupation		Where Residing if not at place of death		Salor		Cambridge	
		Married, Single or Widowed		Name of Wife or Husband		Married		Susan E. Hall	
		Father's Name		Father's Birthplace		Squire Hall		Massachusetts	
		Mother's Maiden Name		Mother's Birthplace		Squire Taylor		Hospitalland	
Name of person giving information		How related to deceased		Susan E. Hall		Wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		How long		Insufficient		About 5 minutes	
		Immediate		How long		Slightly throat paralyzed		Five hours	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Yes		John Mace	
		Address		Cambridge, Mass.					
Accident or Suicide?		No							



Name

in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

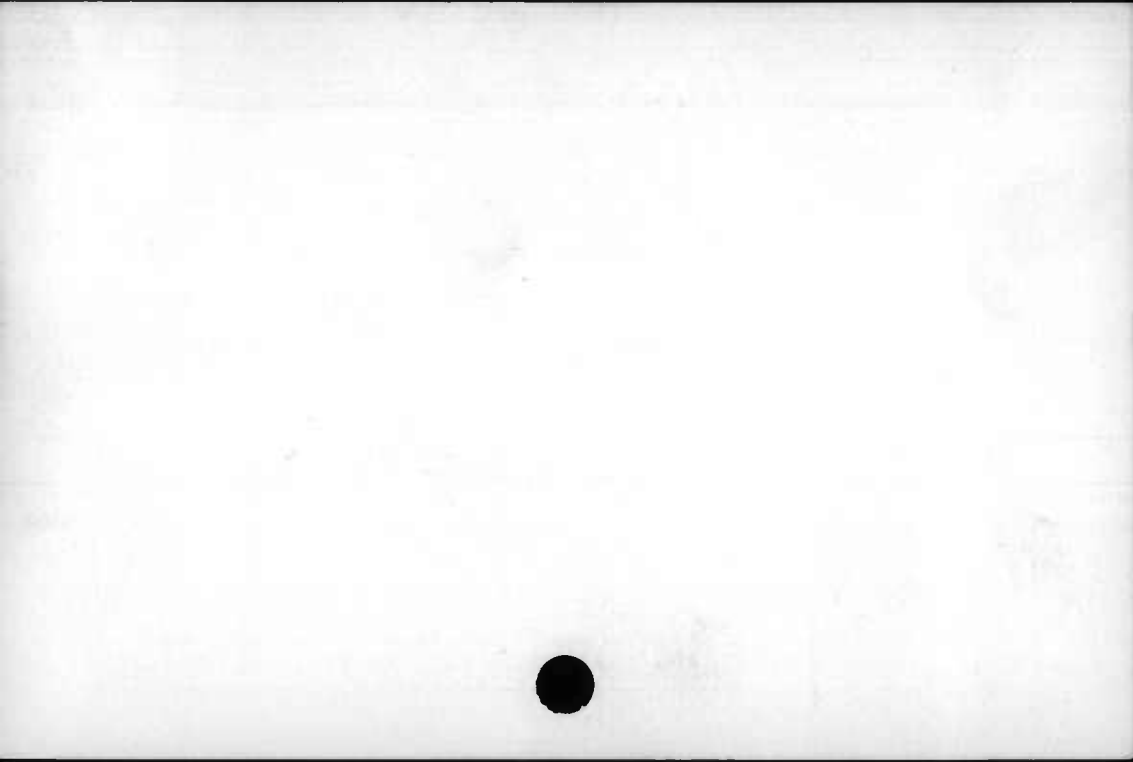
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Febry</i>	Day <i>27</i>	Age <i>64</i>	Months <i>---</i>	Days <i>---</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Garrison Human</i>				
Father's Name <i>Joshua Thompson</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Elizabeth Kiah</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Elizabeth Human</i>	How related to deceased <i>Grand daughter</i>				

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<i>Fall and injury to malar bone of face</i>	How long	<i>3 months ago</i>
Immediate	<i>Asihemia, & Septic infection</i>	How long	<i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dexter F. Reynolds MD</i>	
		Address <i>Cambridge Md</i>	
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Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George A Linsley

Died at *Lakesville* ^{Town} *So* ^{County}

Date of death *1908 Feb* ^{Month} *7* ^{Day} *50* ^{Years} *10* ^{Months} *5* ^{Days}

Sex *Male* Color or Race *White* Birth-place

Occupation *Mechanic* Where Residing if not at place of death *Lakesville*

Married, Single or Widowed *Widower* Name of Wife or Husband *Unknown*

Father's Name *Wm G Linsley* Father's Birthplace *Lakesville*

Mother's Maiden Name *Mildred Pearson* Mother's Birthplace

Name of person giving information *Thomas Linsley* How related to deceased *Nephew*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Immune

How long

Immediate

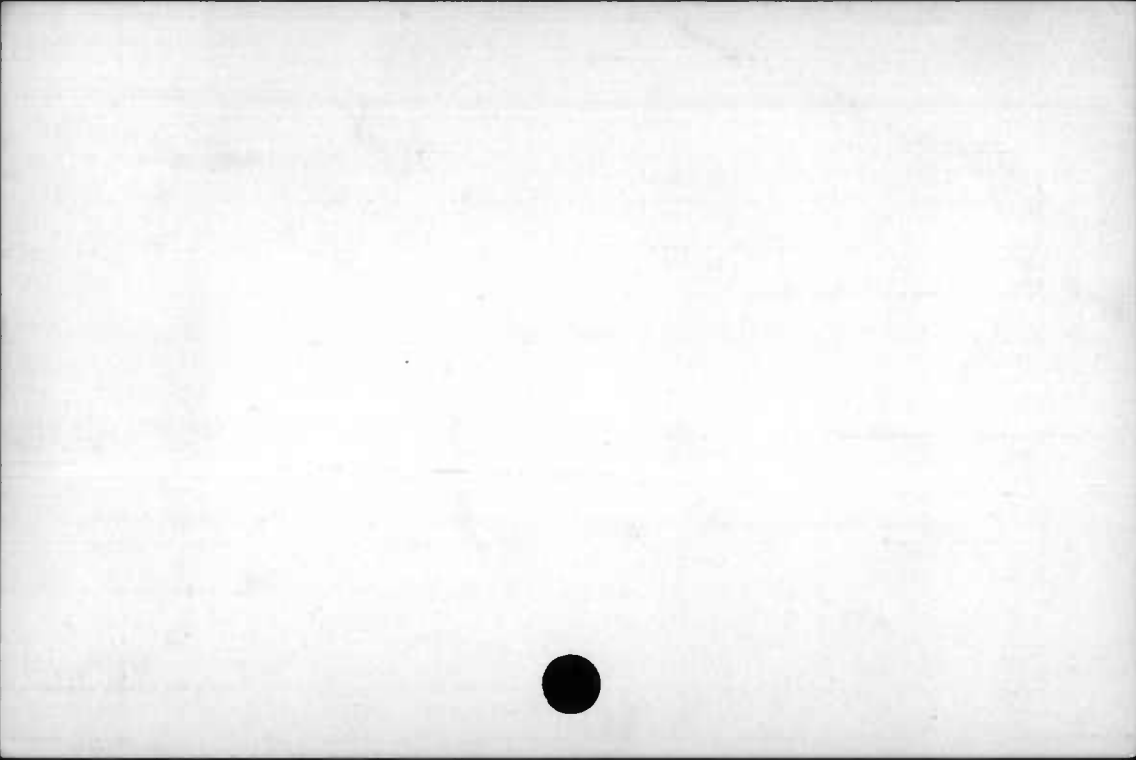
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

William H. Langrall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb.</i>		Day <i>5</i>		Age <i>60</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Cyclist</i>		Where Residing if not at place of death <i>Cambridge</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Rachel Langrall</i>					
Father's Name <i>Henry H. Langrall</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Rebecca</i>		Mother's Birthplace <i>N</i>					
Name of person giving information <i>Wm. H. Langrall Jr.</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Don't know</i>
Immediate <i>Paralysis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

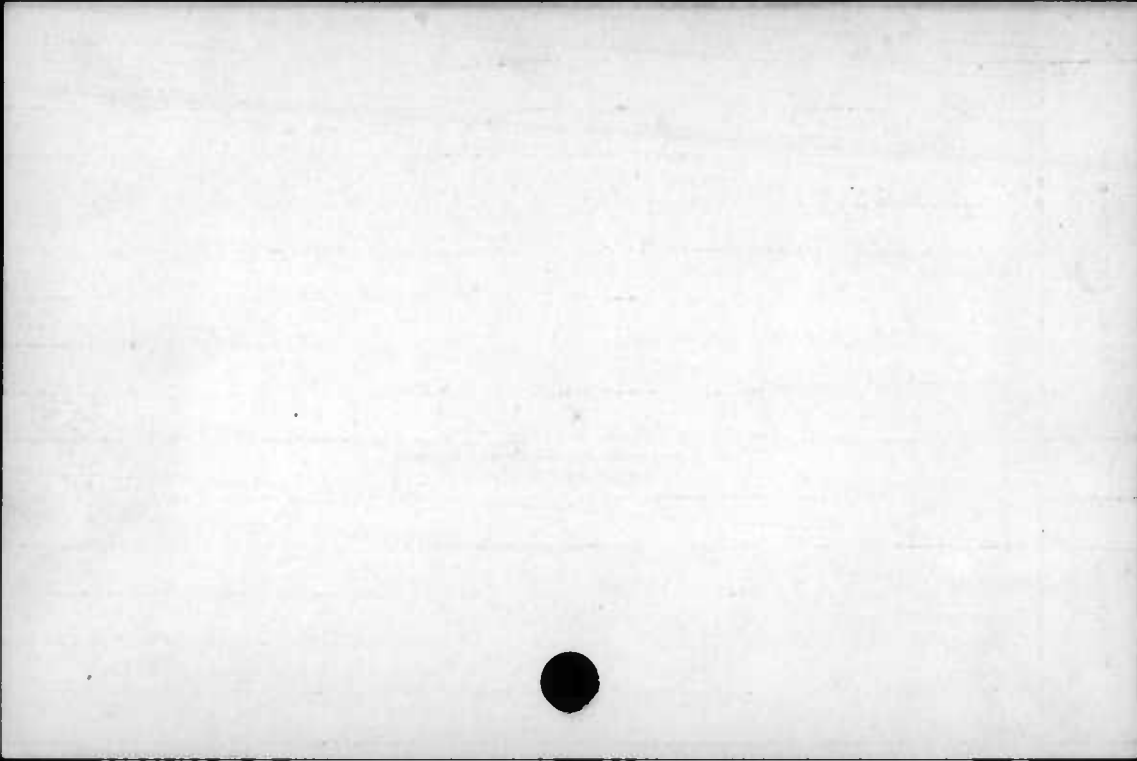
Died at <u>Salem</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death	190 <u>8</u>	Month <u>2</u>	Day <u>9</u>	Age <u>80</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Dorchester</u>		
Occupation <u>Barman</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Roseena V. LeCompte</u>			
Father's Name <u>Moses LeCompte</u>			Father's Birthplace <u>Dor Co</u>		
Mother's Maiden Name <u>Mary Sherman</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Lehas LeCompte</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Blum</u>
	Address <u>Meander</u>
	<u>MD</u>
Accident or Suicide?	



Name
in
Full~~Mrs. *[illegible]*~~ Annie O. Maguire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

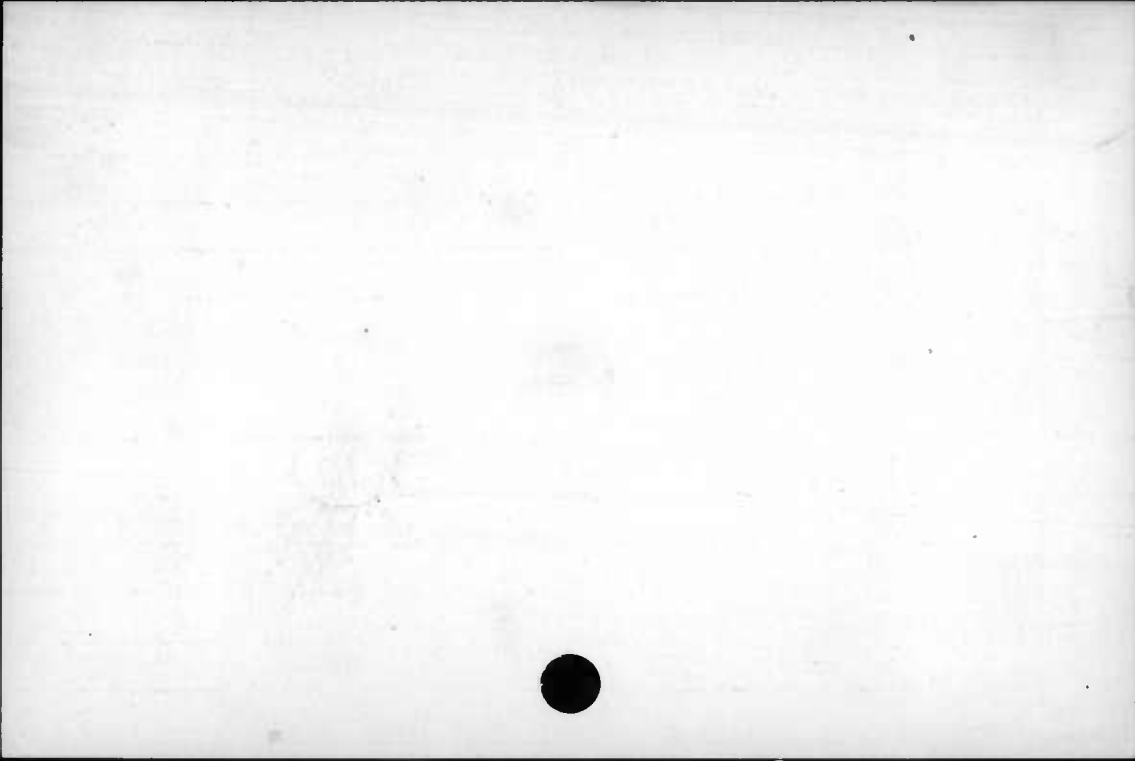
Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	190 <i>✓</i>	Month <i>July</i>	Day <i>21</i>	Years <i>41</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Cambridge Md</i>				
Married, Single <i>Married</i>		Name of Wife or Husband <i>A. H. Maguire</i>					
Father's Name <i>Jos G. Holland</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Malvina S. Hippley</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Dr Frank Maguire</i>				How related to deceased <i>Brother in Law</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>10 days -</i>
Immediate <i>Enteric Colitis and Broncho Pneumonia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D W Glastonborough</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

Emma Marine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

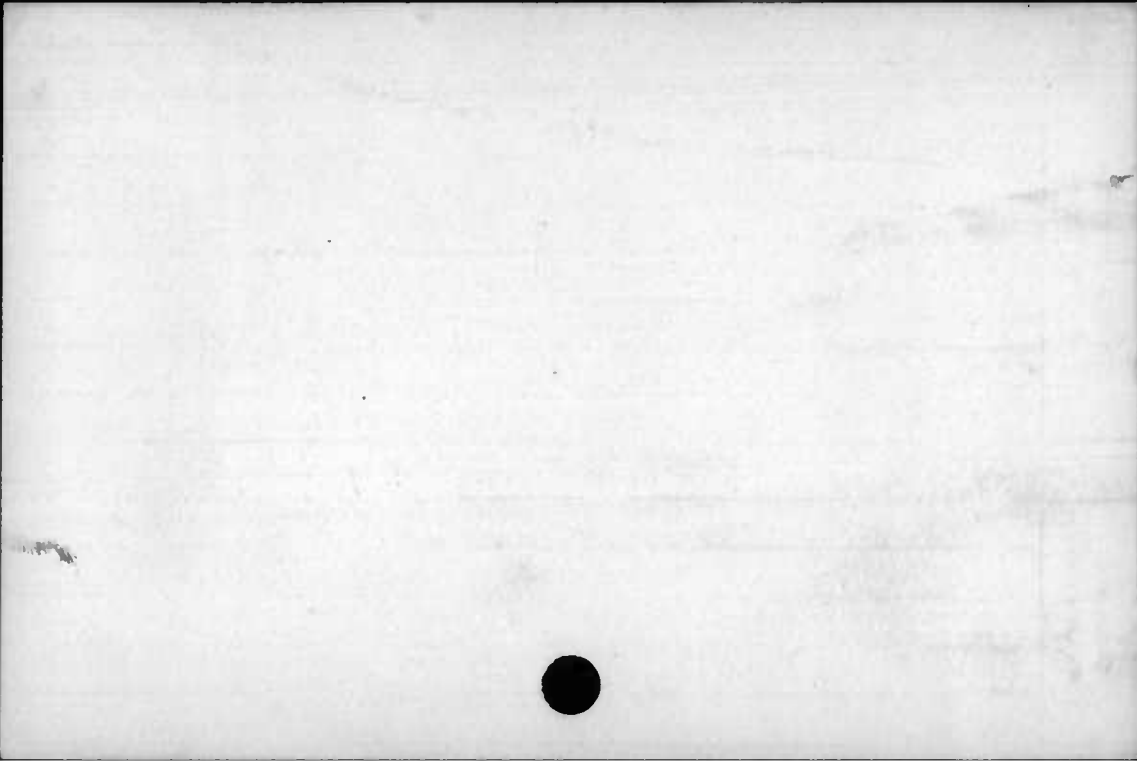
Died at <i>Christ Rock</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb'y</i>	Day <i>19th</i>	Age <i>52</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John F. Marine</i>				
Father's Name <i>Nathan Young</i>	Father's Birthplace <i>Dorchester Co.</i>		Mother's Birthplace <i>Dorchester Co.</i>		
Mother's Maiden Name <i>Mary A. Young</i>	How related to deceased <i>Son</i>		<i>by 1st husband</i>		
Name of person giving information <i>Brentwell Cornick</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocardial Degeneration</i>	How long <i>Four or five years</i>
Immediate <i>Arteriosclerosis of lungs</i>	How long <i>about 3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Russell</i>
	Address <i>San Diego Md.</i>
Accident or Suicide? <i>—</i>	



Name
in Full

Mrs. Samuel Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

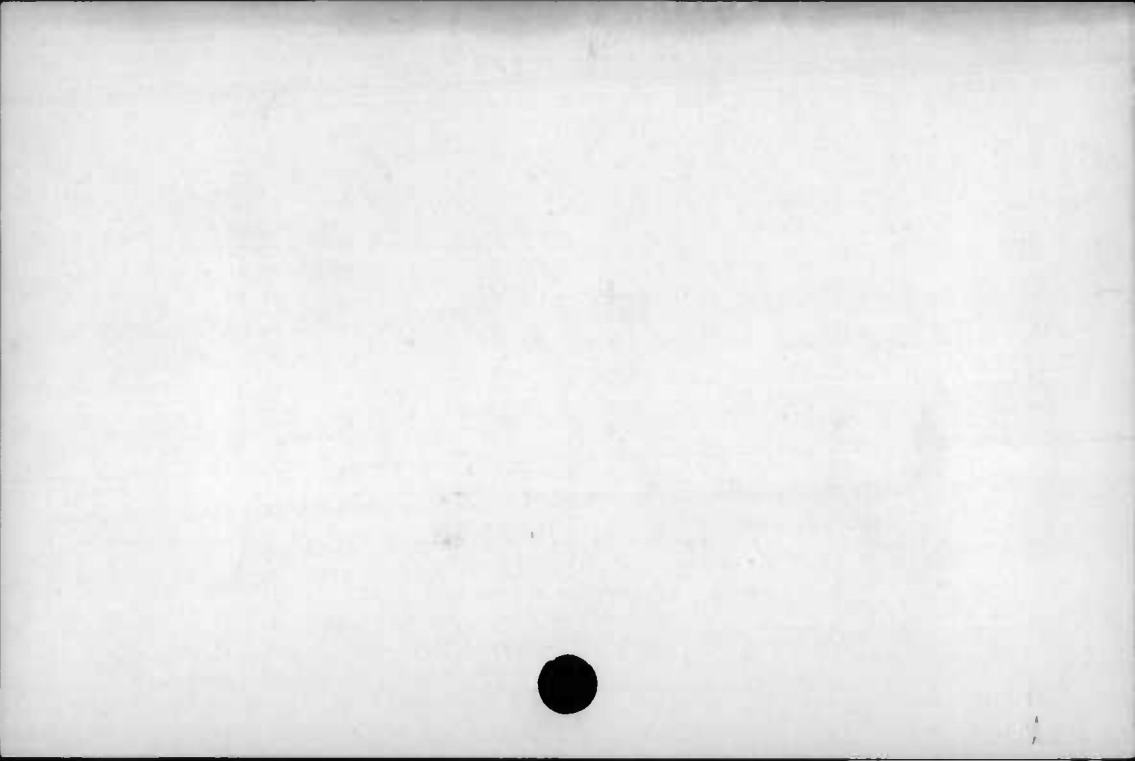
Died at <u>Cambridge</u> Town		<u>Essex</u> County		MARYLAND	
Date of death	1908	Month	Feb.	Day	1
Age	61	Years		Months	
Sex	Female	Color or Race	white	Birth-place	Eng.
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <u>Saml. Mills</u>			
Father's Name	<u>Thomas Mills</u>			Father's Birthplace	<u>Eng.</u>
Mother's Maiden Name	<u>Edgely</u>			Mother's Birthplace	<u>Eng.</u>
Name of person giving information	<u>Dorothy</u>			How related to deceased	<u>—</u>

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<u>Cancer of Uterus</u>	How long	<u>several years</u>
Immediate	<u>Exhaustion</u>	How long	<u>about 1 hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>John Moore</u>
		Address	<u>Cambridge Eng.</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

Emma L. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

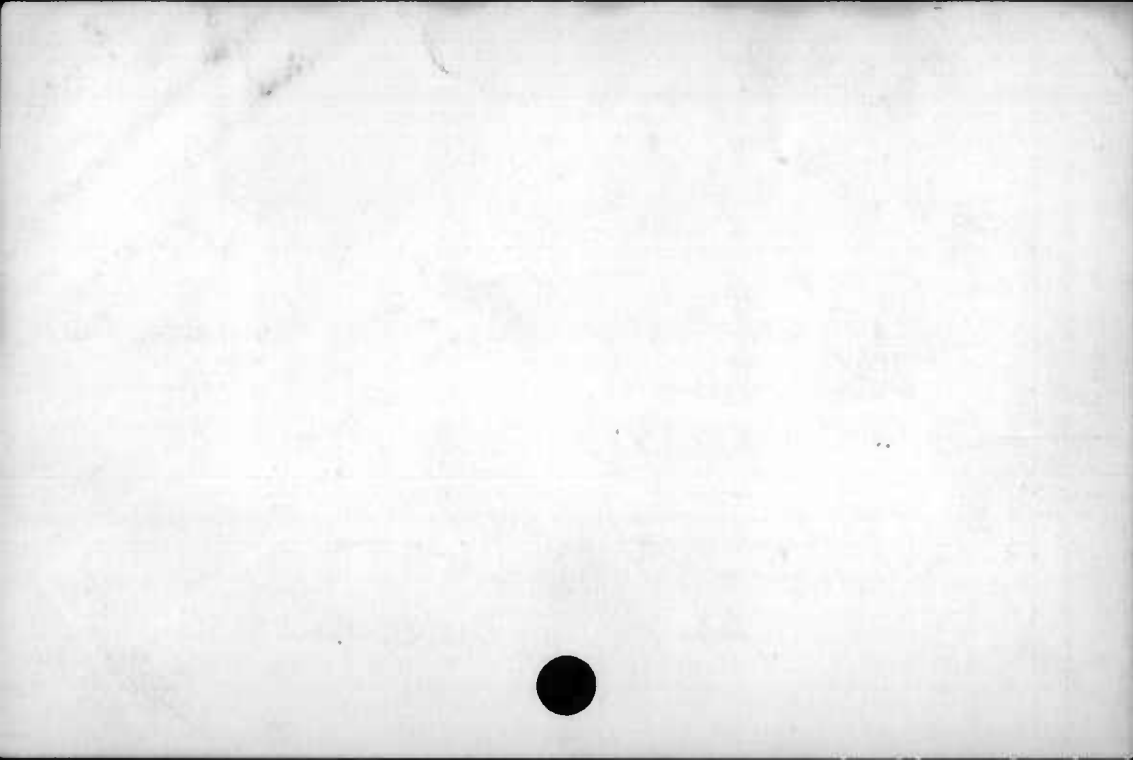
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1908	Month	Feb.	Day	14
Age	40	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	Jewell M. Moore		
Father's Name	James E. Norman		Father's Birthplace	Maryland	
Mother's Maiden Name	Vashti B. Gorsuch		Mother's Birthplace	" "	
Name of person giving information	John G. Moore		How related to deceased	Brother in Law	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<u>Basilar pneumonia</u>	How long	<u>10 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>A few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>Dr. W. G. S. S. S. S.</u>	
		Address	
		<u>Cambridge, Md.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margarette M. Moore

Town

County

Died at

Church Creek

Dorchester

MARYLAND

Date

of death 1908

Month

Feb

Day

9th

Age

Years

.5

Months

10

Days

Sex

Female

Color or
Race

White

Birth-
place

Dor. Co. Md

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or Widowed

Infant

Name of Wife or
Husband

Infant

Father's
Name

George H. Moore Jr

Father's
Birthplace

Baltimore, Md

Mother's
Maiden Name

Hattie A. Wilson

Mother's
Birthplace

Baltimore, Md

Name of person giving
In formation

George H. Moore Jr

How related
to deceased

Father

CAUSES OF DEATH

61

Primary

Rheumatism

How long

Two weeks

Immediate

Meningitis

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

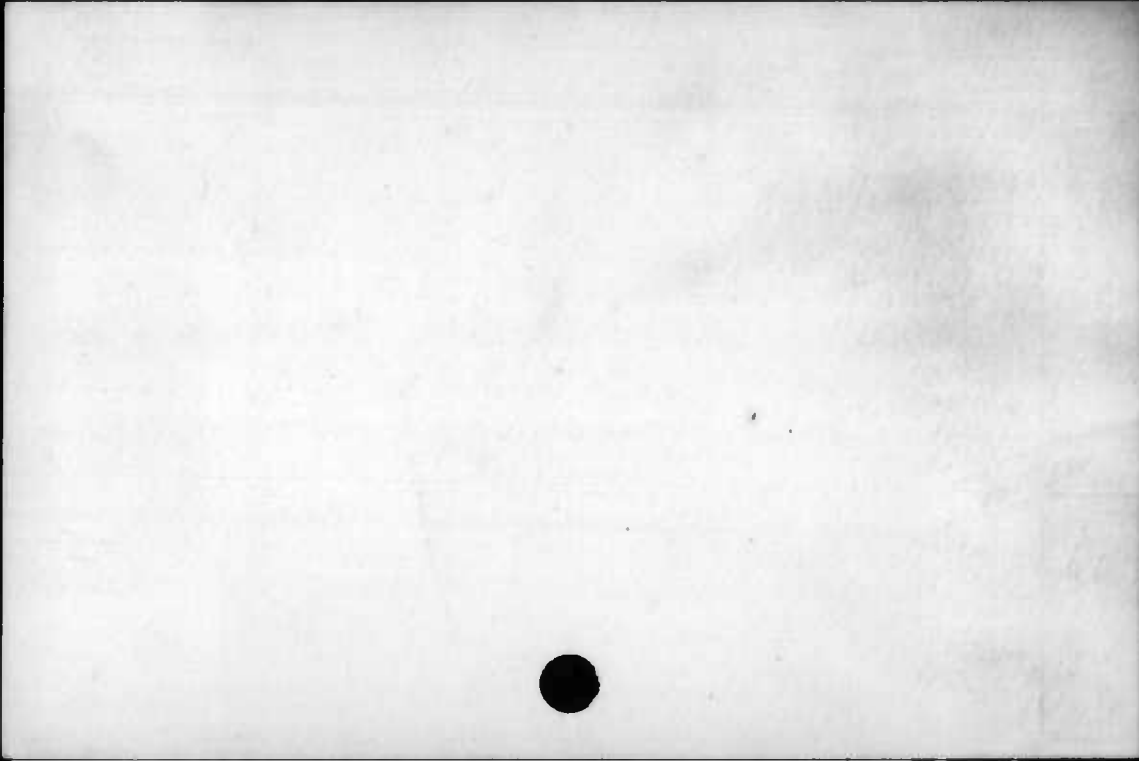
Yes

Signature of
Physician

R. B. Butcher

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

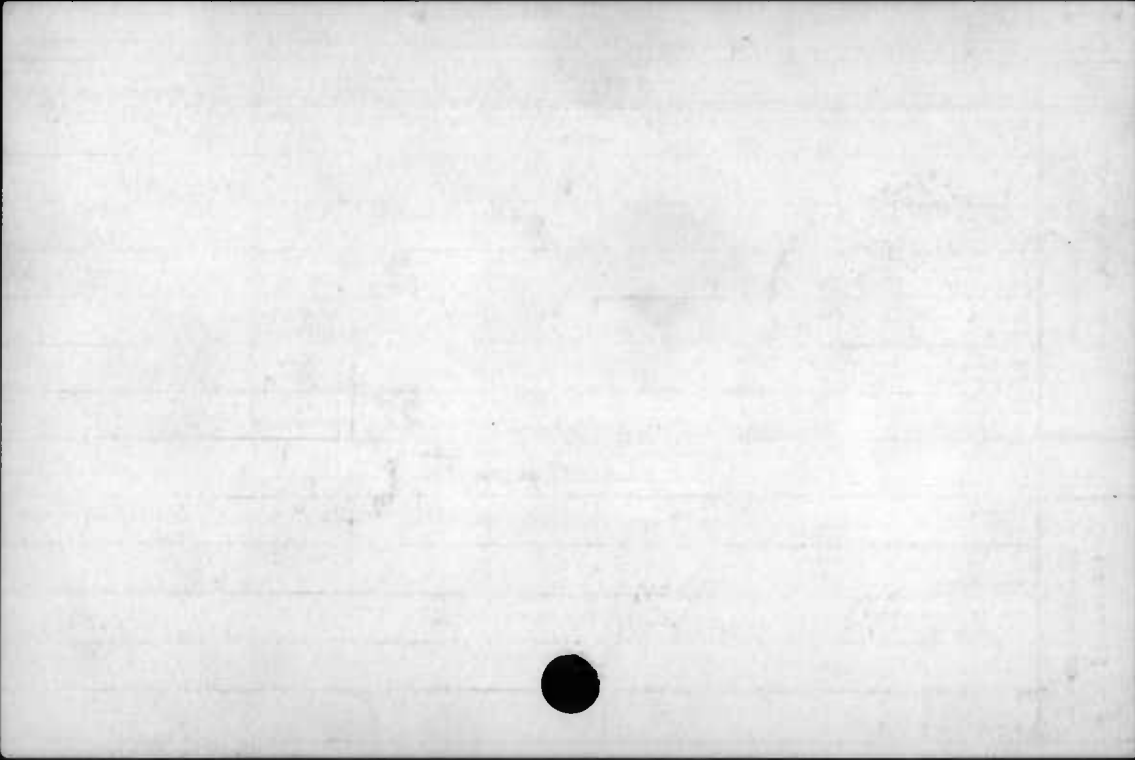
Name in Full <i>Shyras J Moore</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Secretary</i>		Month <i>2</i>		Day <i>20</i>		Years <i>25</i>	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>20</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Sailor</i>		Where Residing if not at place of death					
Married; Single or Widowed <i>Single</i>		Name of Wife or Husband <i>May H Spicer</i>					
Father's Name <i>Thos Moore</i>		Father's Birthplace <i>for co</i>					
Mother's Maiden Name <i>Ema Sheba</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Ema Murdock</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Nicols M.D.</i>
	Address <i>E. N. Market, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Kayna Moyer		Town Secretary		County Dor		MARYLAND	
Died at Secretary		Month 2		Day 14		Age 58	
Date of death 1908		Month 2		Day 14		Age 58	
Sex Female		Color or Race White		Birth-place Bohemia			
Occupation House wife		Where Residing if not at place of death Secretary					
Married, Single or Widowed Widow		Name of Wife or Husband Unknown					
Father's Name Mike Bras		Father's Birthplace 11					
Mother's Maiden Name Ratie Bartolomey		Mother's Birthplace Germany					
Name of person giving Information Nat Moyer		How related to deceased Son					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Bright	How long	3 mo
Immediate	11	How long	can't say
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm J. Abell JP	
		Address asst board health	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

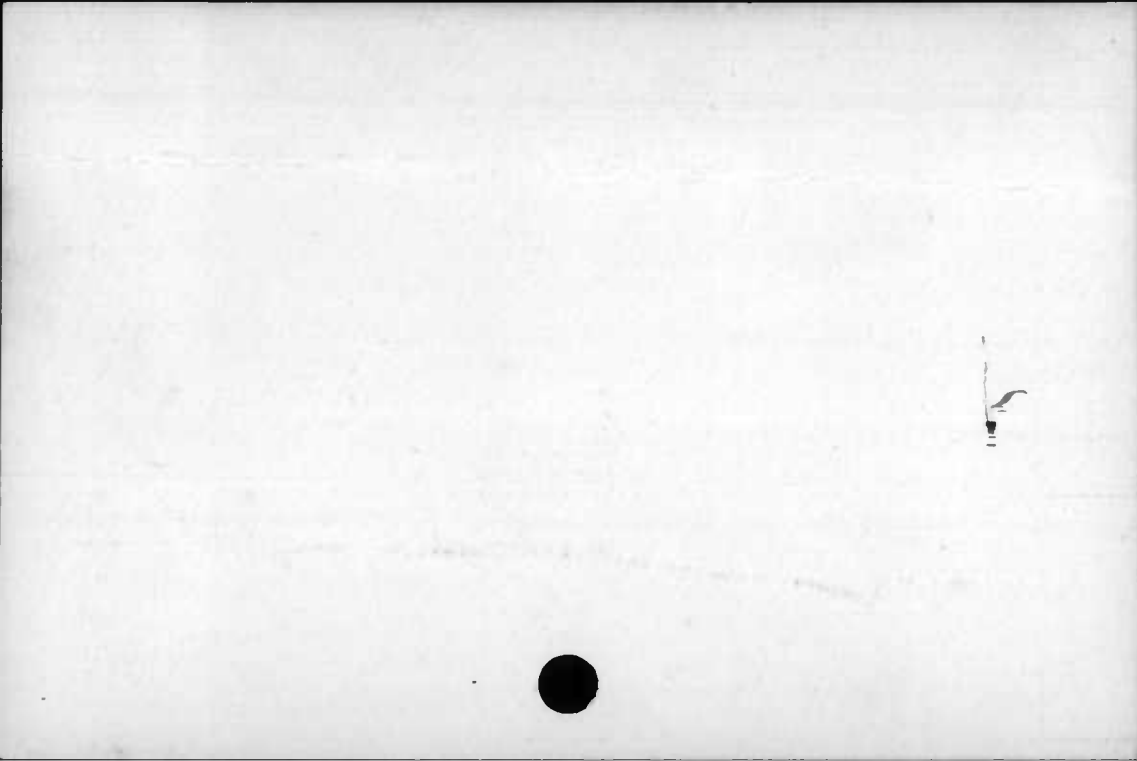
Died at <i>Hurlock</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Feb.</i> ^{Month}	<i>5-10</i> ^{Day}	<i>27</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Printer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Leopold W. Neal</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Henrietta Hackett</i>			Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>Luke A. Neal</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

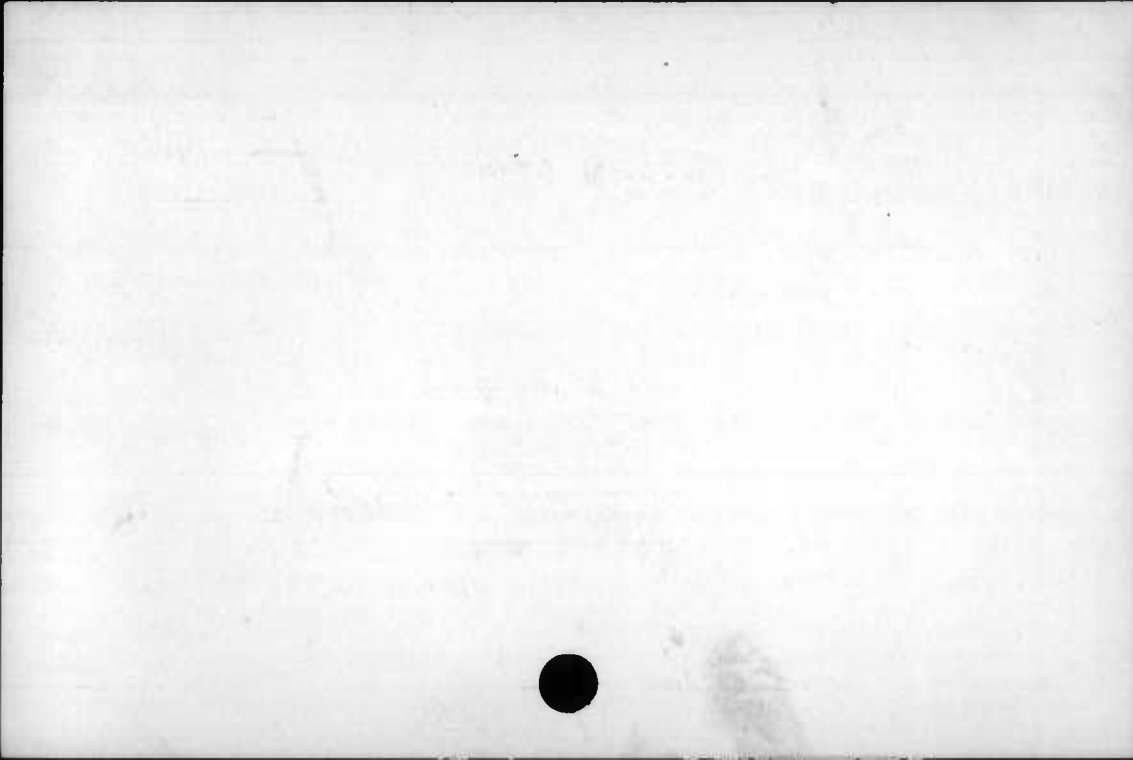
27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis</i>	How long	<i>One</i>
Immediate	<i>Pulmonalis</i>	How long	<i>Year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. F. Maguire</i>
		Address	<i>Hurlock</i>
			<i>MD</i>
Accident or Suicide?	<i>—</i>		



Name in Full Mary H. Pragg		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge Town		Dorchester County
	Date of death 1908 Month July Day 24		Age 5 Years Months 5 Days 18
	Sex Female	Color or Race White	Birth-place Ma
	Occupation child		Where Residing if not at place of death Cambridge Ma
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name J Ben Pragg	Father's Birthplace Ma	
	Mother's Maiden Name Arrie M. Hubbard	Mother's Birthplace Ma	
Name of person giving information J Ben Pragg		How related to deceased Father	
<div>CAUSES OF DEATH</div> <div> <div>Primary dentition & Bronchitis</div> <div>How long 2003 weeks</div> <div>Immediate Spine meningitis</div> <div>How long 3 weeks</div> </div>			
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Moore
			Address Cambridge Ma
	<div> <div>Accident or Suicide?</div> <div>No</div> </div>		



Name
in
Full

Nancy Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

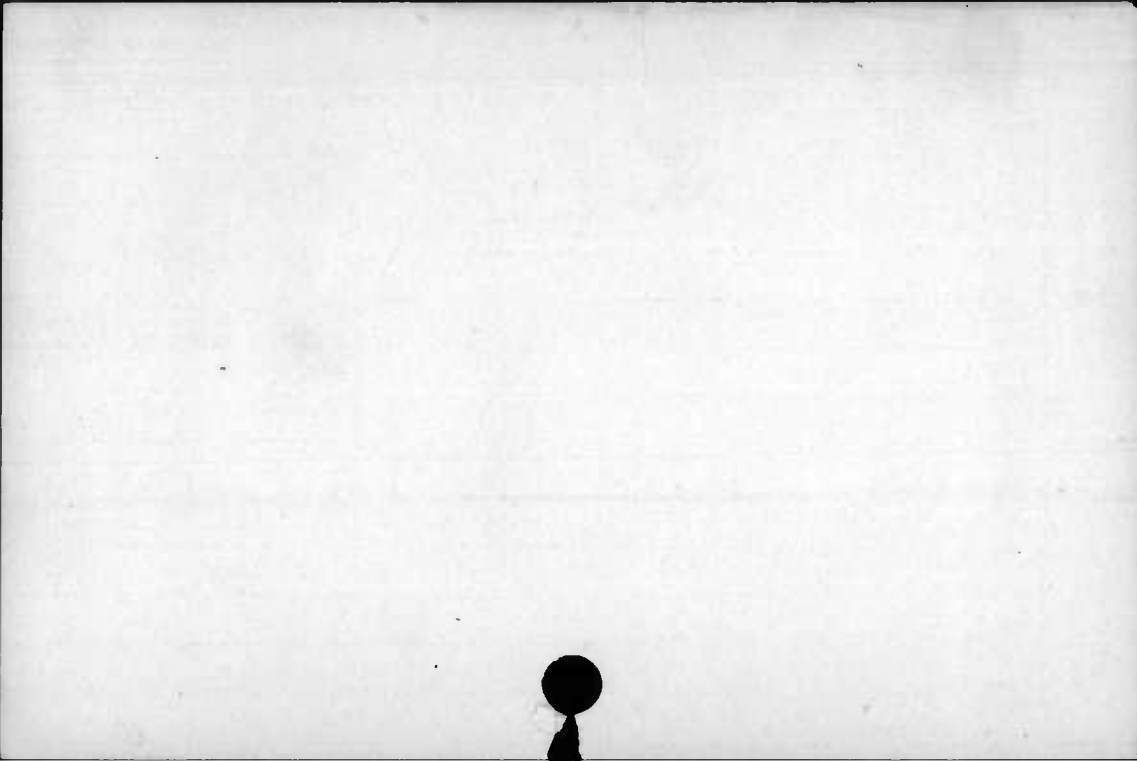
Died at		Cambridge		Dorchester		MARYLAND	
Date of death		1908	Month	Feb-	Day	20	Age
				Years		84	
				Months		Days	
Sex		Female		Color or Race		White	
Birth-place		Stoughton		Occupation		Housewife	
Where Residing if not at place of death		Cambridge		Married, Single or Widowed		Widow	
Name of Wife or Husband		James Robbins		Father's Name		Nelson Leachman	
Mother's Maiden Name		Nancy Cannon		Father's Birthplace		Stoughton	
Mother's Birthplace		Stoughton		Name of person giving information		Joseph Robbins	
How related to deceased							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary		Old age		How long		Some weeks	
Immediate		E. Lauson		How long		Some weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. G. Lauson	
				Address		Cambridge, Md	
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

Arnold Robinson

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Leafield* Town *Leafield* County *Leafield*
 Date of death *190 Feb* Month *13* Day *4* Age *4* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Leafield*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Samuel J Robinson

Father's Birthplace

Leafield

Mother's Maiden Name

Bertha Willey

Mother's Birthplace

Leafield

Name of person giving information

Mary Lewis

How related to deceased

Grandmother

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary

Thrush

How long

5 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

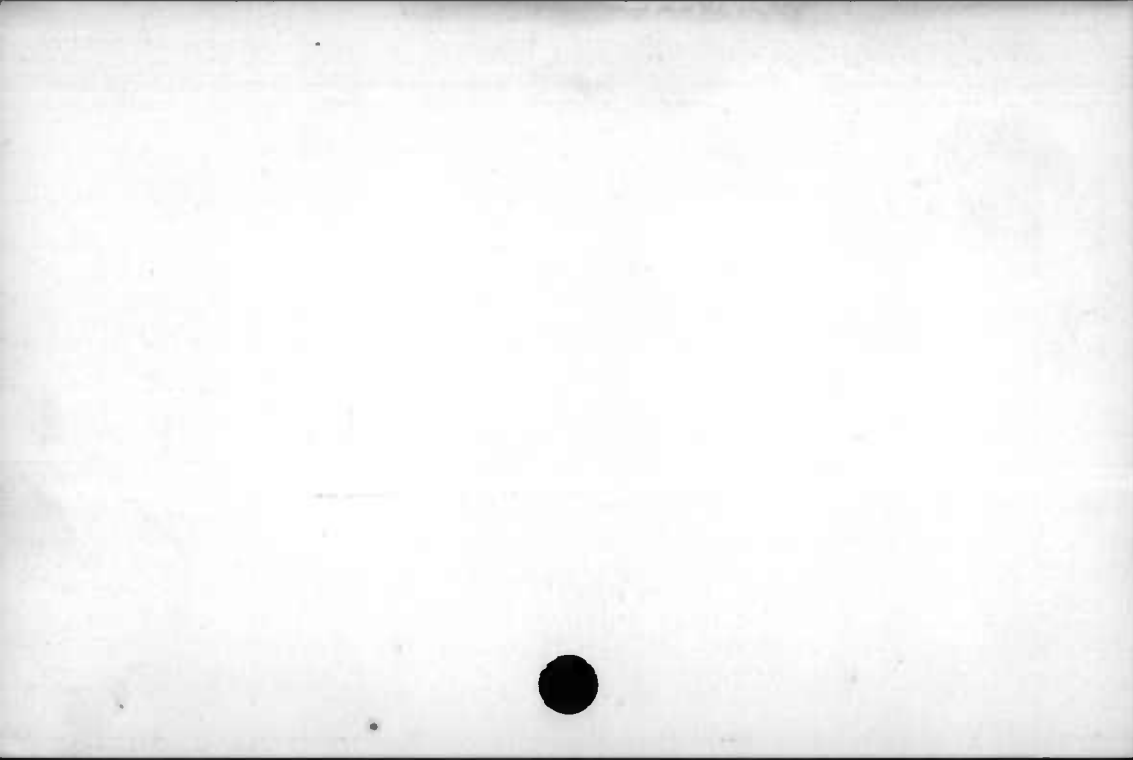
Signature of Physician

Address

J. T. Robinson J. P.
Toddville
MD

Accident or Suicide?

no physician or attendance



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elake Ross.

MARYLAND

Died at East New Market Dor Co

Date of death 1908 2 25- Age 68

Sex male Color or Race colored Birth-place Dor Co

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Rorie Atkinson

Father's Name Elake B. Ross. Father's Birthplace Dor Co

Mother's Maiden Name dont know Mother's Birthplace Dor Co

Name of person giving information Fred Thompson How related to deceased Son Law

CAUSES OF DEATH

10

Primary La Grip How long 8 days

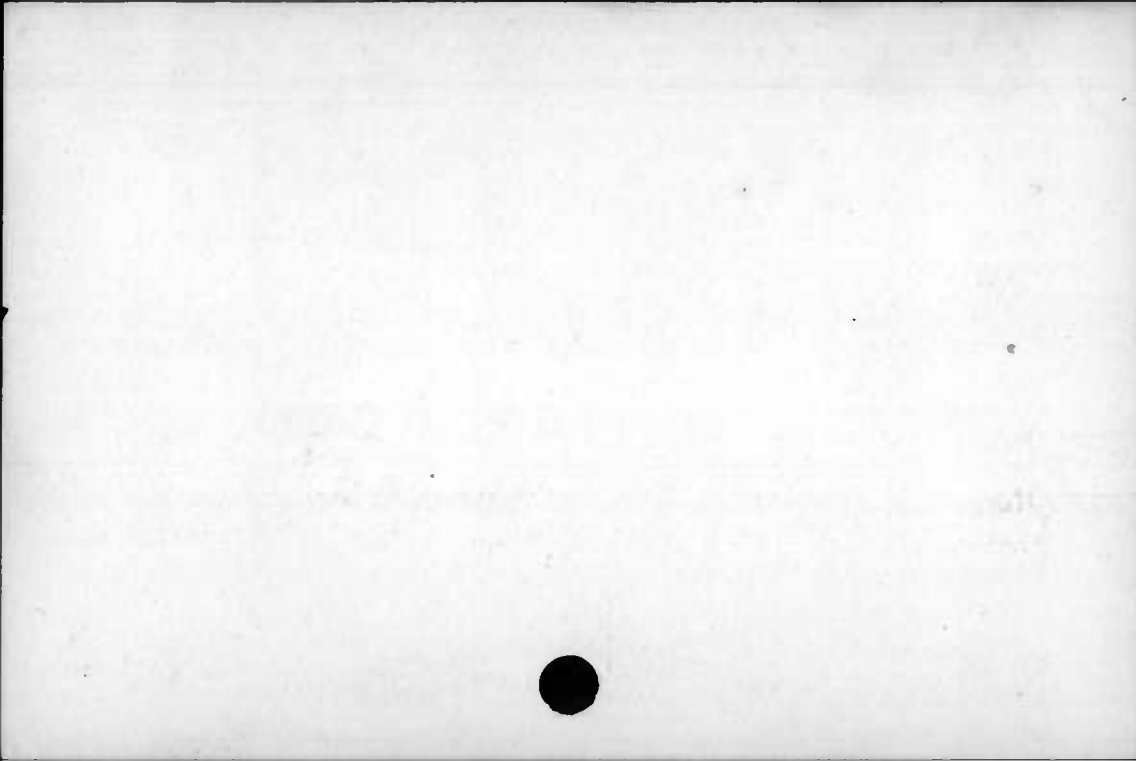
Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. F. Nicols M.D.

Address E. N. Market - Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

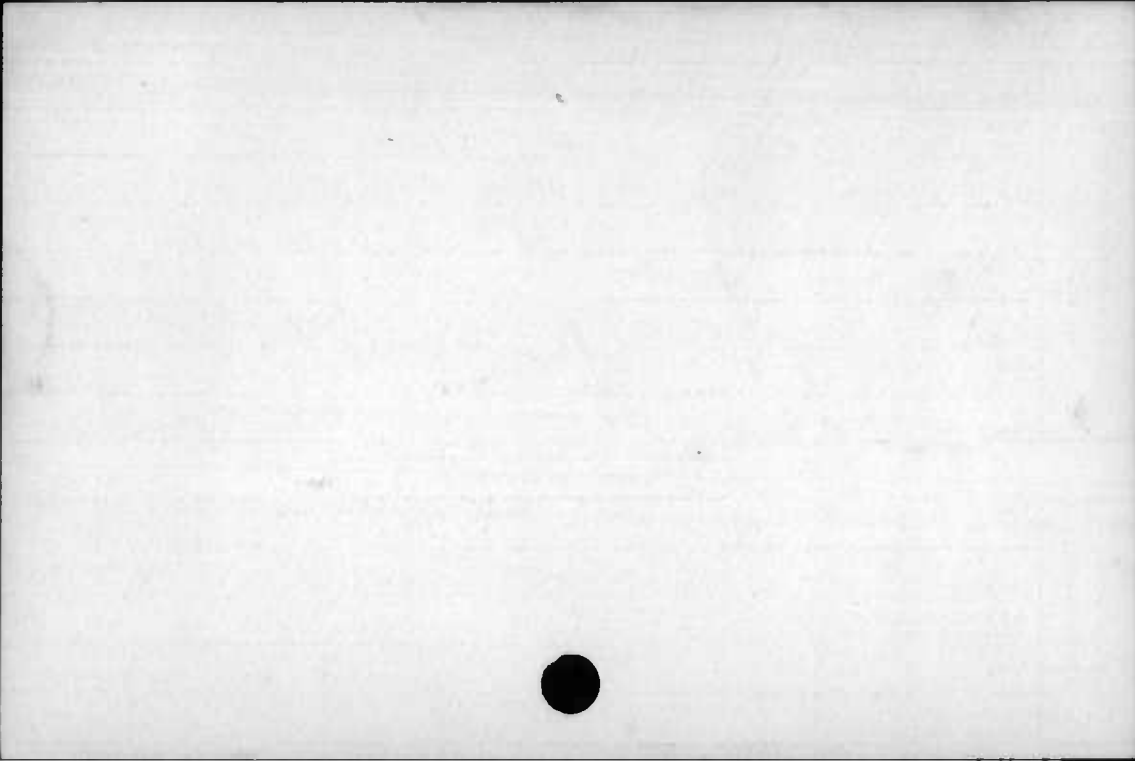
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1908	Month	<i>Feb</i>	Day	<i>15</i>	Age	<i>30</i>
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Cornersville Tenn</i>
Occupation	<i>Bailor</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary Eliza Stevens</i>			
Father's Name	<i>Salomon Stevens</i>				Father's Birthplace	<i>Cornersville Tenn</i>	
Mother's Maiden Name	<i>Rebecca Warfield</i>				Mother's Birthplace	<i>Cornersville Tenn</i>	
Name of person giving information	<i>Salomon Stevens</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>6 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. C. Yowers</i>	
		Address	
		<i>Cambridge Md.</i>	
Accident or Suicide?			
<i>neither</i>			



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Town

County

MARYLAND

Month

Day

Age	Years
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
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93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Months

Days

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or WidowedName of Wife or
Husband

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information _____

How related
to deceased

CAUSES OF DEATH

105

Primary

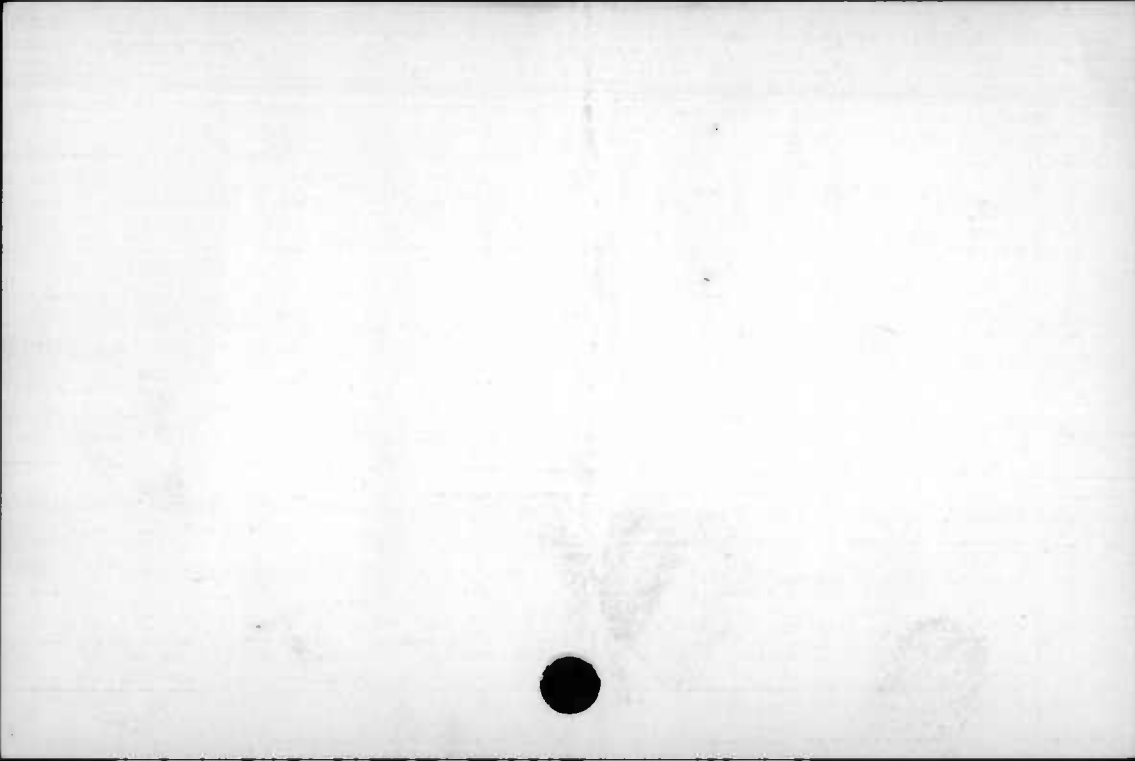
immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

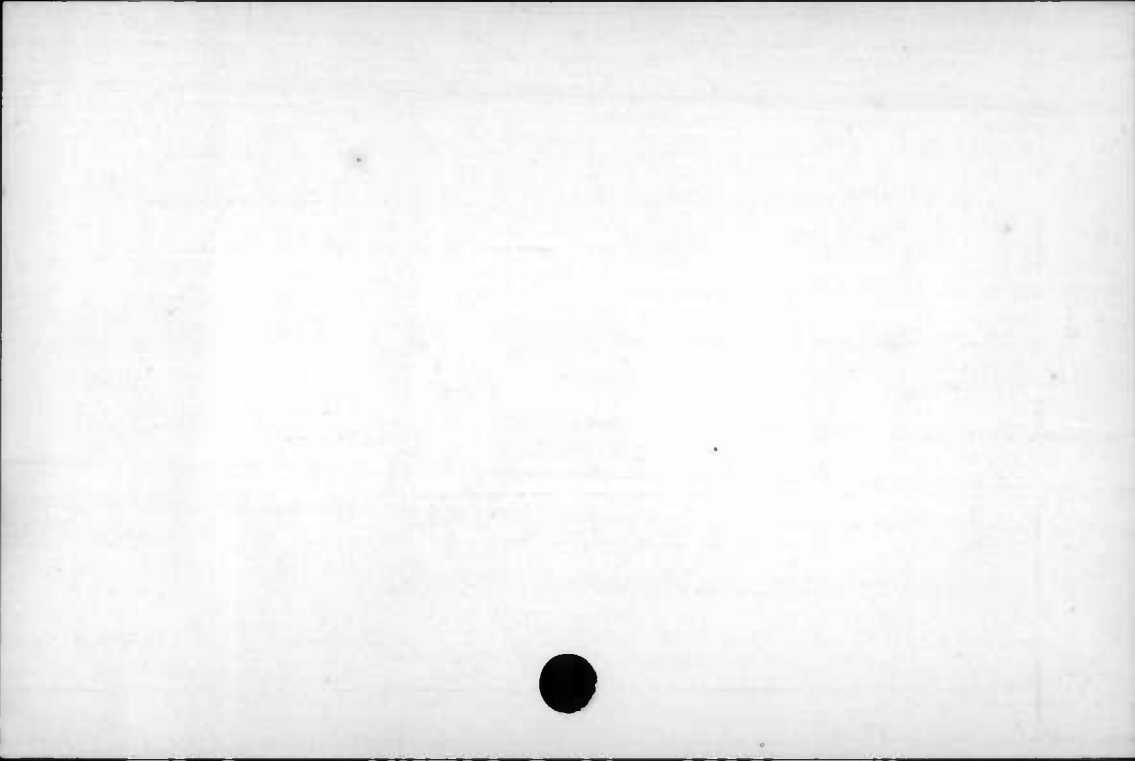
Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Archester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>23</i>	Day <i>Feb</i>	Age <i>71</i>	Years <i>71</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Cambridge</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah J. Wilkins</i>						
Father's Name <i>Isaac Wilkins</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>don't know</i>						
Name of person giving information <i>Sarah J. Wilkins</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

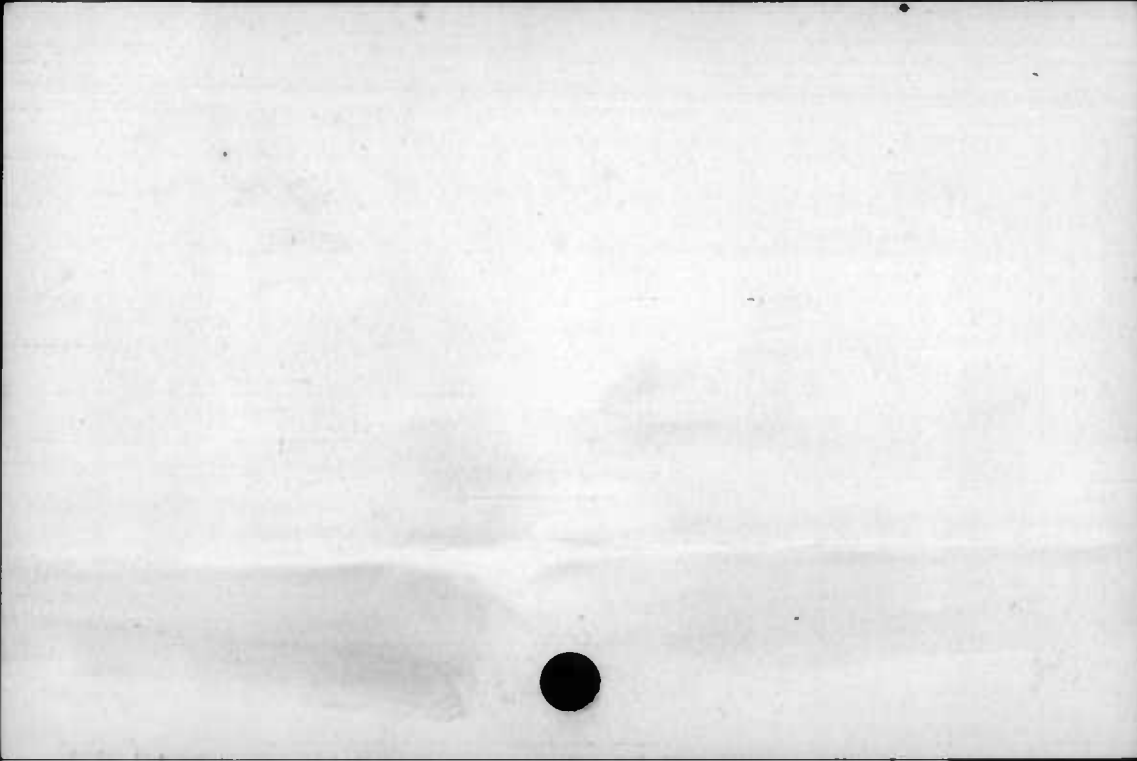
27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis.</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>very short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Walff</i>
	Address <i>Cambridge, Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name in Full		Laurie Woolford				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	District of Salem		County		Buckecheater		
	Date of death	1908	Month	Feb	Day	29	Age	50
	Sex	Female		Color or Race	Colored		Birth-place	Maryland
	Occupation	House-wife		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Father's Name	James Addison				Father's Birthplace	Maryland	
	Mother's Maiden Name	Unknown				Mother's Birthplace	Maryland	
Name of person giving information	John W. Stanley				How related to deceased	Friend		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Lobar Pneumonia				How long	Two weeks.	
	Immediate	Heart Failure				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
					Address			
Accident or Suicide?				D. H. Blank Vienna Md				



Name
in
FullNot Known
Town
Dorchester
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

MARYLAND

Date

of death 1908

Month

Feb

Day

2

Years

Age about 45

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Not Known

Occupation

Sailor

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

John H. Warfield ✓

How related
to deceased

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Supposed to have been drowned about 4 weeks

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?So far as
knownSignature of
Physician

D F Moore Coroner

Address

Cornersville Md

Accident or Suicide?

